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BEFORE THE GOVERNMENTAL AFFAIRS COMMITTEE
UNITED STATES SENATE
REGARDING THE
SURGEON GENERAL'S WORKSHOP ON DRUNK DRIVING

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Mr. Chairman and Members of the Committee.

I am pleased to appear before you today to discuss the National Highway Traffic Safety Administration's (NHTSA) views and activities relevant to the Surgeon General's Workshop on Drunk Driving. With me at the witness table is Dr. James Nichols, my deputy for scientific and technical affairs.

As authorized by the Highway Safety Act of 1966, NHTSA helps the States improve their highway safety programs to reduce the number of motor vehicle crashes and associated deaths and injuries. Over the years, our constant goal has been to reduce alcohol-impaired driving--the single greatest factor in fatal injury crashes. To provide a context for our views and plans with respect to the Workshop's recommendations, I will first give you a brief status report on the national effort to combat alcohol-impaired driving.

Significant progress has occurred during the 1980's, largely as the product of two events: the development of a coordinated set of laws and enforcement techniques to increase the likelihood of arrest and effective disciplinary action, and the growth of public sentiment against drunk

driving, led by activist groups such as Mothers Against Drunk Driving (MADD) and Remove Intoxicated Drivers (RID), which created an environment favorable to the enactment of new laws and to the vigorous enforcement of these laws.

The energy and effectiveness of the citizen activists, combined with the new emphasis on general deterrence measures, produced dramatic increases in State-DWI/DUI legislation. Enforcement of DWI/DUI laws has increased significantly across the Nation. In the mid-1970s, the FBI estimated that about 950,000 DWI/DUI arrests were being made every year. By 1983, that estimate had risen to nearly 2 million.

The combination of these efforts produced significant reductions in drunk driving fatalities. Our traffic crash data show the proportion of traffic deaths related to alcohol declined from 57 percent in 1982 to 50 percent in 1988, a 12-percent reduction. Thanks largely to the adoption by the States of age-21 minimum drinking age laws, the alcohol-related proportion of fatalities among youth (under 21) declined by an even greater degree, from 54 percent in 1982 to 43 percent in 1988, a 20-percent reduction.

Moreover, these reductions in alcohol involvement in fatal crashes appear to have been greatest among drivers with high blood-alcohol concentrations. This has also been the case among the general population of drivers using the roadways. Roadside surveys have indicated that the proportion of intoxicated drivers on the road at high-risk times has decreased by as much as 40-50 percent from the 1970's to the 1980's.

Despite these reductions, about half of all fatal motor vehicle crashes continue to be alcohol-related and about 80 percent of these alcohol-related fatal crashes involve a legally intoxicated drunk driver

or pedestrian (i.e., with a BAC greater than 0.10 percent). That means alcohol plays a role in over 23,000 traffic deaths--so drunk driving remains our number one highway safety problem.

We commend Dr. Koop's initiative to address the drinking and driving issue in a comprehensive manner as a public health issue. DOT was one of five cabinet-level departments that funded the Surgeon General's Workshop on Drunk Driving, and NHTSA was involved in both the planning and the conduct of the Workshop. We are committed to helping to implement the Workshop's recommendations related to our programs, and we will do all we can to ensure that our prevention policies and activities are coordinated with those of the public and private sectors.

Several of the Workshop's recommendations are of particular interest to NHTSA. A recommendation we have strongly encouraged is for States to enact administrative license revocation systems, in which the arresting officer would have on-the-spot authority to take the driver's license of any driver found driving with a BAC above the legal limit. This program provides swift and sure license sanctions and has proven to be one of the most effective means of reducing drinking and driving. Twenty-seven States, the District of Columbia, and the Virgin Islands have now adopted this program.

To help implement administrative per se programs, NHTSA is providing technical information and assistance on these programs to the States as well as to the American Association of Motor Vehicle Administrators (AAMVA), MADD, RID and other public interest groups. In the past year, we have promoted the adoption of administrative per se systems through a series of workshops we conducted with groups such as MADD and RID and by a new publication developed for State legislators.

We will also continue to implement our section 408 incentive grant program, which has been instrumental in encouraging States to implement measures for prompt license revocation. To qualify for section 408, a State must promptly suspend licenses for not less than 90 days for first offenders and one year for repeat offenders, assure mandatory confinement or community service for repeat offenders, establish a BAC level of 0.10 percent or lower as a per se violation, and increase enforcement and education efforts.

The twenty-two States that have qualified for section 408 funds have made more progress, as a group, in reducing the proportion of their intoxicated-driver fatalities than States that have not qualified for the funds. Most of the States qualifying for the basic section 408 incentive grants have also qualified for supplemental grants under that section by adopting measures such as rehabilitation and treatment programs, statewide recordkeeping programs to identify repeat offenders, financially self-sufficient local programs, and presentence screening authority for the courts.

In short, the section 408 program has helped significantly to stimulate a number of effective measures to reduce drunk driving and has made a particularly useful contribution to a comprehensive approach to the drunk driving problem.

We also believe that more can be done to ensure that people who are found driving with a BAC above the legal limit do not continue to drive after their licenses are suspended or revoked. We therefore also agree with the recommendation that States should be able to confiscate the license plates of repeat offenders and those found driving while suspended. Every effort must be made to ensure that the most serious

offenders do not operate any vehicle on the Nation's highways.

The recommendation that each State provide a self-sufficient funding system for comprehensive alcohol-impaired driving programs is one we have promoted for many years. We believe that those who cause the problem should help pay for its solution. We also note there are several ways in which States can accomplish this goal, tailored to their own needs. One approach is New York's "Stop DWI" program, which imposes fines for impaired driving offenses that are returned to counties to fund their programs. Other States generate funding for their anti-DUI programs through various fees, assessments, surcharges and alcoholic beverage excise taxes.

In addition to working directly with the States, we are currently promoting self-sufficient State funding systems through three organizations: the U.S. Conference of Mayors, the National League of Cities and the American Legislative Exchange Council. In the near future, we will be updating our publications, modifying our training courses, and conducting workshops for the public and private sectors to focus on this area.

Enforcement of drinking and driving laws, of course, is the critical element in the system of deterring drinking drivers. If the police do not detect and apprehend impaired drivers, the system simply cannot operate. Police must be trained in the latest enforcement tools available.

NHTSA assists the States in training their enforcement personnel to use Standardized Field Sobriety Tests and Horizontal Gaze Nystagmus tests to identify drivers who are found driving while impaired. The training is crucial for probable cause determinations in criminal arrests and

prosecutions. The agency also assists the States in training their enforcement personnel in the use of passive alcohol sensors and preliminary breath testing devices for detecting impaired drivers.

One new enforcement technique that is proving to be especially effective is the Drug Evaluation and Classification (DEC) program. This enforcement tool, which was pioneered by the Los Angeles Police Department, aids in the detection of drugs in individuals who are arrested for impaired driving. NHTSA is currently developing a national DEC program. Police at ten pilot sites are currently using the DEC procedure. We expect to expand the program to the major metropolitan police agencies over the next several years, and we have sought added funding for this purpose in our FY 1990 budget request.

Sobriety checkpoints can be a key component of a drunk driving enforcement and deterrence program. When these checkpoints have been conducted according to accepted procedures and constitutional safeguards, they have been most successful. In fact, programs that have included the use of roadside sobriety checkpoints have more frequently documented reductions in alcohol-related crashes than programs that have not included them. We have continued to provide highway safety grant funds to the States for sobriety checkpoints and we provide technical information and assistance to the States on their use and effectiveness.

A well-planned, highly visible public information effort is also an essential component of a comprehensive program to deter drinking and driving. If drivers believe they will be caught and punished for driving while intoxicated, the odds are greater that they will not drive after drinking. We also recognize the need to develop media messages targeted to specific groups, such as parents who are concerned about being good

role models for their children and special populations that are over-represented in the crash statistics.

One project in this area we are especially proud of is the comprehensive effort called TEAM (Techniques for Effective Alcohol Management). The goals of TEAM are to develop sensible alcohol policies for professional sports and entertainment events and to enable stadiums and arenas to act as role models for community actions against drunk driving. Policies are adopted governing such factors as when and where alcohol is sold, the serving size, cutoff times, and proper age identification practices. Servers and sellers of alcoholic beverages are then trained in responsible alcohol management. For example, staff at baseball stadiums and basketball arenas are trained to recognize when an individual is intoxicated. This program delivers the don't-drink-and-drive message to millions of fans and it prevents the abuse of alcoholic beverages by fans in stadiums and arenas, thereby reducing the likelihood that individuals will become alcohol-impaired.

TEAM is an outstanding example of public and private sector cooperation in the effort to combat drunk driving. We believe that the local coalitions being formed as part of the TEAM effort will, in the long run, form the basis for long-term systemic changes at the community level. For this year, we are concentrating on forming local coalitions. Our resolve is to use every possible means to keep public attention focused on the dangers of drunk driving. We must constantly develop new initiatives such as the TEAM program to involve people at every level of the public and private sectors.

Drunk driving education efforts must also be an essential component of a comprehensive approach to reducing alcohol-impaired driving, and

NHTSA has significantly increased its efforts in this area also. For example, our agency has joined with the Departments of Education and Health and Human Services to develop a series of workshops on alcohol, other drugs, and traffic safety policies and programs for institutions of higher education.

Two weeks ago, Secretary Skinner convened a meeting of concerned business leaders and public officials to address the problems caused by drunk driving from the standpoint of employers--which can help save lives and reduce economic costs of employees. Those leaders will designate representatives in their organizations, and recruit other business and government employers, to carry the highway safety message to the workplace. Other agency efforts are underway for health-care professionals, community leaders and organizations working with youth.

On the recommendations concerning the legal blood-alcohol concentration (BAC) limits, we encourage States to enact very low BAC limits. We support State efforts to set stricter standards for people under 21--the legal age established for the purchase or public possession of any alcoholic beverage. For the general population, we encourage States to reduce the BAC limit below the 0.10 percent level. In fact, research shows evidence that driving abilities are substantially impaired at BAC's well under the 0.10 level -- the current level in most States. Our views on further BAC reductions, however, must await the outcome of a study mandated by the Anti-Drug Abuse Act of 1988.

With respect to commercial drivers, the Department has already adopted lower BAC levels as a result of the Commercial Motor Vehicle Safety Act of 1986, which directed us to establish the BAC level at which

drivers of commercial motor vehicles would be deemed to be driving under the influence of alcohol. The Federal Highway Administration, in a final rule published last October, set 0.04 percent as the alcohol level at or above which a commercial motor vehicle driver is deemed to be driving under the influence and subject to disqualification from driving. This level was based on a study done by the National Academy of Sciences and was supported by comments to the docket. States will be enacting this BAC level and the related disqualifications -- a one year suspension for the first violation and a lifetime suspension for a subsequent conviction -- in order to comply with the Act's provision and avoid a loss of Federal-aid highway funds.

Although the recommendations relating to advertising and marketing of alcoholic beverages do not fall within our direct purview, we are nonetheless supportive of voluntary changes in any advertising or marketing practices directed to youth who are under the legal drinking age. Teenagers who testified before the National Commission Against Drunk Driving for its 1988 youth report stated "that alcoholic beverage advertising encourages youth to drink." We firmly believe that our young people should be given an unequivocal "no use" message.

One of the specific strategies identified by the Surgeon General's Workshop for Federal agencies called for ensuring a national computer registry of drinking and driving offenders in which every State has reciprocity and recognition in all other States. A registry of this kind is one of the priority goals of NHTSA's National Driver Register (NDR) program, which Congress established in 1960 to help the States exchange information and identify problem drivers when they apply for a driver's license. The NDR has functioned as a central repository for identifying

drivers whose licenses have been suspended or revoked as a result of serious driving violations.

In an effort to make the NDR more effective, Congress enacted the National Driver Register Act of 1982 to authorize the development and implementation of an interactive, electronic telecommunications system that requires the system's substantive data to be left with the States of record. Thus, when the new system is fully operational, the NDR will become an index for inquiring States that "points" them to the State records systems that hold the driver licensing information they seek, thereby greatly facilitating the exchange of licensing information among the States with respect to problem drivers. The Commercial Driver's License Information System (CDLIS), established under the Commercial Motor Vehicle Safety Act of 1986, will fulfill analogous functions with respect to each commercial driver's record.

During FY 1988, the NDR disclosed records on over 350,000 individuals to State and Federal driver licensing officials. Since over forty percent of the NDR files relate to alcohol offenses, it can be estimated that the NDR alerted these State and Federal officials to 140,000 individuals with alcohol-related violations who might otherwise have gone undetected.

Finally, I would like to underscore the importance the Department places on the need to coordinate our drunk driving prevention policies and activities with those of other Federal departments and agencies. In addition to NHTSA's membership in the Workshop's Federal Task Force, which is charged with reviewing and monitoring the implementation of the Workshop's recommendations, we have joined with the Departments of Justice and Health and Human Services to develop a community-based

approach to reducing alcohol-related problems among youth, and with the Departments of Education and Health and Human Services in conducting workshops for colleges and universities. We also work closely with the Alcohol, Drug Abuse, and Mental Health Administration, the National Institute on Alcohol Abuse and Alcoholism, the National Institute on Drug Abuse, and the Office for Substance Abuse Prevention on a formal and an informal basis on a broad range of issues, from research to the dissemination of public information.

Mr. Chairman, we are committed to doing as much as we can with as many people and organizations as we can, for we believe only a well-coordinated, comprehensive effort will provide the programs and the actions needed to continue the reduction of alcohol-related crashes. With everyone working together, we are confident that further decreases in these terrible and unnecessary crashes can be achieved.

This concludes my statement, Mr. Chairman. Dr. Nichols and I would be happy to try to answer any questions you might have.